CME Section

The *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach* is sponsored by Children's Hospital & Research Center Oakland to provide physicians with the opportunity of earning category 1 CME credit by reading the designated articles, following the instructions for the self-assessment exam, and sending the completed documentation to Lila Lee-Tramiel, Managing Editor, *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach*, Children's Hospital & Research Center Oakland, 747 52nd Street, Oakland, CA 94609.

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Every question or request for information on the exam answer sheet, the evaluation, and the certification pages must be completed to be eligible for CME credit. Leaving any item unanswered will make void the participant's response, and no credit will be awarded.

Participants may read the articles, take the exam by issue (1 credit/issue), or wait to study several issues together. Documentation can be received at the *Journal* office at any time throughout the year, and accurate records will be maintained for each participant. CME certificates are issued only once per year, in January, for the total number of credits earned during the prior year.



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If you have any questions, please email the Editor (<u>ineufeld@mail.cho.org</u>).

This is an adult learning experience and there is no requirement for obtaining a certain score. The objective is to have each participant learn from the total experience of studying the article, taking the exam, and being able to immediately receive feedback with the correct answers.

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CME on The Role of the Malone Antegrade Continence Enema (MACE) in the Management of Myelodysplastic Patients

CME articles number 1: Ismael Zamilpa

Ouestions

- 1. The rate of success using conservative measures to manage fecal incontinence in spina bifida patients approximates
 - a. 5%
 - b. 20%
 - c. 30%
 - d. 50%
 - e. 70%
- 2. Achievement of fecal continence in myelodysplastic patients depends on
 - a. Spinal lesion level
 - b. Ambulatory status
 - c. Anal manometry readings
 - d. None of the above
 - e. All of the above
- 3. Advantages to a left-sided catheterizable colon channel for the management of fecal incontinence include
 - a. Lower surgical complication rates
 - b. Faster evacuation
 - c. Less volume of irrigant utilized
 - d. None of the above
 - e. All of the above
- 4. Benefits to laparoscopic creation of catheterizable colon channels for irrigation include
 - a. Shorter operative time
 - b. Faster recovery
 - c. Lower stomal incontinence rates
 - d. None of the above
 - e. All of the above
- 5. The interruption of nerve tracts in the lower spinal cord of myelodysplastic patients affect all of the following except
 - a. Bowel peristalsis
 - b. Rectal fullness sensation
 - c. Proximal bowel hydrostatic pressure
 - d. Anorectal sphincter tone
 - e. None of the above
- 6. Reported advantages to the use of MIC-KEY buttons to deliver antegrade colonic washouts include
 - a. Less scar formation around the stoma
 - b. Elimination of painful catheterizations
 - c. Elimination of stomal stenosis
 - d. a and c
 - e. b and c

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- 7. Some of the advantages to the utilization of tap water alone through catheterizable colon channels include
 - a. It is inexpensive
 - b. It is safe, alone or in combinations
 - c. Less volume is needed for evacuation
 - d. a and b
 - e. b and c
- 8. Stomal stenosis after a MACE procedure is believed to result from
 - a. Technical error
 - b. Compromised vasculature
 - c. Patient compliance
 - d. a and b
 - e. All of the above
- 9. Reoperation rates following a MACE procedure range from
 - a. 1-3%
 - b. 5-10%
 - c. 17-30%
 - d. 45-55%
 - e. 60-70%